## OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

## MSRM 140117.01.2.4 (R-2/20)

## BURNS

Subjective Data:			Alle	ergies:			
Chief complaint:							
Location of burn: (face, chest, upper back	ck, shoulders, etc.)						
Type of Burn:	,						
☐ Flames ☐ Hot liquids ☐ Stea	am 🔲 Chemical 🔲 Hot sur	face  R	adiation	☐ Friction	☐ Electrical	☐ Inhalation	
Associated Symptoms:							
☐ Coughing ☐ Visual proble	ems LOC C	Shortness of	of brooth	☐ Pain	Pain scale:	(0-10)	
<u> </u>		Shortness (	DI DI Eatii	- Faiii	i aiii scale.	(0-10)	
Objective Data: (clinically indicated VS BPPulse			_Wt	O2 sats	FS	SBS	
☐ Redness ☐ Drainage	□ Swelling	☐ Inflamm	ation		Coughing		
Type of Burn	Layers Involved	Ap	pearance			Texture	
☐ Superficial - 1 <sup>st</sup> Degree	Superficial - 1 <sup>st</sup> Degree Epidermis		Red without blisters				
☐ Superficial partial - 2 <sup>nd</sup> Degree	Superficial partial - 2 <sup>nd</sup> Degree Extends into superficial (papillary		dermis Redness with clear blister. Blanches with pressure.				
☐ Deep partial thickness – 2 <sup>nd</sup> Degree	Extends into deep (reticular) derm	is Yel	low or white.	Less blanching.	May be blisteri	ing. Fairly dry	
☐ Full thickness – 3 <sup>rd</sup> Degree			Stiff and white/brown, No blanching			Leathery	
☐ 4 <sup>th</sup> Degree	4 <sup>th</sup> Degree Extends through entire skin, and			nto Black; charred with eschar			
	underlying fat, muscle and bone						
CONTACT HEALTH CARE PROVIDER IF	MMEDIATELY IF: Health care p	rovider must be	called if not o	on site or if after	r clinic hours.		
☐ Signs of infection is present or de	·					ourn ointment	
☐ Pain increases or continues after					sicles; involvin		
☐ Inmate is diabetic		or symptoms			-	-	
BURN EMERGENCY: IMMEDIATE ER C	ARE AND AMBULANCE TRANSF	ER TO HOSPI	TAL WITHOU	T DELAY			
☐ Any third degree burn, large are	ea of second degree burn, radiat	ion or electric	burn, symp	toms of shock	k, respiratory o	or cardiac	
distress							
<b>Emergency department notification</b>	n time: Transpo	ort time:		<b>Transported</b>	by:		
Health Care Provider:	Time Notified:	Ord	lers Receive	ed for Treatm	nent: 🗖 Yes	■ No	
If physical exam is negative for any of							
interventions.		o			.c.m, p. ccccu		
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Plan: Interventions: (check all that a							
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☐ Check in assessment only for hea☐ Chief complaint resolved prior to a	Ith care providers visit. appointment. Instructed inmate t	o follow-up si	ck call for siç	gns/symptoms	s warranting fu	urther	
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